

## Dental Plan Comparison:

Plan Feature	DHMO Plan (In-network ONLY)	Low PPO Plan (In- or Out-of-Network)	High PPO Plan (In- or Out-of-Network)
<b>Deductible (calendar Year)</b>	None	\$50 per person/Maximum \$150 per family	\$50 per person/Maximum \$150 per family
<b>Preventative care:</b> one visit every six months for a routine checkup, cleaning and polishing	Plan pays 100% after a \$5.00 appointment co-pay and you must first be enrolled with a network provider.	Plan pays 80% of eligible dental fees. Deductible does not apply	Plan pays 80% of eligible dental fees
<b>Basic care:</b> fillings, extractions, root canal therapy, scaling of teeth and basic oral surgery	You pay a fixed co-pay according to the plan's schedule and you must first be enrolled with a network provider	Plan pays 60% of eligible dental fees after deductible is met	Plan pays 80% of eligible dental fees after deductible met
<b>Major care:</b> bridges, dentures, crowns, inlays, onlays, and complex oral surgery	You pay a fixed co-pay according to the plan's schedule and you must first be enrolled with a network provider.	Plan pays 50% of eligible dental fees after deductible is met. Waiting periods may apply	Plan pays 50% of eligible dental fees after deductible met. Waiting periods may apply
<b>Maximum Annual Benefit</b>	No Limit	\$750 per person	\$1,500 per person
<b>Orthodontic Care</b>	See fee schedule (adults and children under age 26)	No coverage	50% with a lifetime maximum of \$1,2000 (children under 19 only)
<b>Waiting Period</b>	None	12 months for some services. Refer to summary plan description for services subject to waiting periods	12 months for some services. Refer to summary plan description for services subject to waiting periods

## Monthly Dental Rates

Coverage Level	MetLife DHMO	MetLife Low PPO	MetLife High PPO
RET or Surv Sp Only	9.60	12.53	30.23
RET or Surv Sp + 1	18.23	24.83	59.86
RET or Surv Sp with 2+	27.34	43.71	105.38